

1020 Rec'd PCT/PTO 03 OCT 2005

- a. ☒ A check in the amount of \$ 500.00 to cover the above fees is enclosed.
- b. ☐ Please charge my Deposit Account No. _____ in the amount of \$ _____ to cover the above fees.
A duplicate copy of this sheet is enclosed.
- c. ☒ The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 08-2622. A duplicate copy of this sheet is enclosed.
- d. ☐ Fees are to be charged to a credit card. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

NOTE: Where an appropriate time limit under 37 CFR 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the International Application to pending status.

SEND ALL CORRESPONDENCE TO:


SIGNATURE

Mary R. Bonzagni, Esq.

NAME

34,779

REGISTRATION NUMBER